

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590                  04/14/2004  
 Dale E Fiene  
 622 Gaslight Drive  
 Algonquin, IL 60102

4-21-04

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Certificate of Mailing or Transmission  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

DALE FIENE	(Depositor's name)
Dale E Fiene	(Signature)
4/21/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/650,496	08/29/2000	Dale E Fiene		8592

## TITLE OF INVENTION: UNDER-CABINET LIGHTING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	07/14/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAYNE, SHARON E	2875	362-133000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

OLE K. NILSEN

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BONITA SPRINGS, FL

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee  
 Advance Order - # of Copies 1

## 4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed. 445 B (65N) 5 ENT RECEIVED  
 Payment by credit card. Form PTO-2038 is attached.  
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(Authorized Signature)	(Date)
Dale E Fiene	4/21/04

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